

**RESIDENTIAL TREATMENT REPORT FORM**  
**Children & Adolescents Not Admitted to Licensed Residential Treatment Facilities**

**Complete one form for each child for whom admission to a residential treatment facility was requested but not obtained FOR 30 days. DO NOT COMPLETE THIS FORM IF YOU OBTAINED ADMISSION IN LESS THAN 30 days. See "Instructions – Residential Treatment Report Form" for additional information.**

**I. General Information** *Complete all parts of Section I.*

**Date Request Initiated:**     /     /     *Do not include requests for admission to facilities prior to July 1, 2002.*

**Agency Submitting Data:**

☐ CPMT   Name: \_\_\_\_\_     FIPS Code: \_\_\_\_\_

☐ CSB   Name: \_\_\_\_\_     CSB Code: \_\_\_\_\_

**Contact Person:**   Name: \_\_\_\_\_     Phone #: \_\_\_\_\_

**FAX #:** \_\_\_\_\_     **Email Address:** \_\_\_\_\_

**Child Information:**   DOB:     /     /     Last 4 digits of child's SSN: \_\_\_\_\_     Gender:   ☐ Male   ☐ Female

**II. Admission Information** *Check all facilities licensed by DMHMRSAS to which admission was requested but not obtained.\**

- |   |   |
|---|---|
| <input type="checkbox"/> Alice C. Tyler Village of Childhelp – Lignum                   | <input type="checkbox"/> Presbyterian Homes & Family Services - Danville            |
| <input type="checkbox"/> Bridges Treatment Center                                       | <input type="checkbox"/> Riverside Behavioral Centers                               |
| <input type="checkbox"/> Cumberland Medical Center – New Kent                           | <input type="checkbox"/> St. Mary's Home for Disabled Children                      |
| <input type="checkbox"/> Deep Run Lodge   | <input type="checkbox"/> Southeastern Virginia Training Center                      |
| <input type="checkbox"/> Endeavor Residential Treatment Center (Woodside Hospital)      | <input type="checkbox"/> Southwestern Virginia Training Center                      |
| <input type="checkbox"/> Genesis Treatment Center                                       | <input type="checkbox"/> The Brown Schools of Virginia – Charlottesville            |
| <input type="checkbox"/> Grafton School Main Campus – Berryville                        | <input type="checkbox"/> The James Barry Robinson Center                            |
| <input type="checkbox"/> Graydon – National Children's Rehabilitation Center            | <input type="checkbox"/> The Pines Kempsville Campus                                |
| <input type="checkbox"/> Hallmark Youth Care  | <input type="checkbox"/> The Pines Res. Tx.. Center – Crawford Campus – Portsmouth  |
| <input type="checkbox"/> Holiday House of Portsmouth                                    | <input type="checkbox"/> The Pines Res. Tx. Center – Kenbridge Campus - Kenbridge   |
| <input type="checkbox"/> Jackson-Field Homes  | <input type="checkbox"/> The Pines Residential Tx. Center – Portsmouth              |
| <input type="checkbox"/> Little Keswick School  | <input type="checkbox"/> VCU Health System Authority Tx. Center for Children (VTCC) |
| <input type="checkbox"/> Piedmont Behavioral Health Center Residential Treatment Center | <input type="checkbox"/> Other Residential Treatment Facility ( <b>List Below</b> ) |
| <input type="checkbox"/> Poplar Springs Hospital – Petersburg                           |   |

**\*Note: List was last updated by DMHMRSAS on 12/1/2002.**

**III. Reason(s) Admission Was Not Obtained** *Check all that apply.*

- ☐ No bed available for day(s) requested
- ☐ Bed available, but child not placed - **Check AT LEAST ONE Child-Specific, Funding or Other Issue below.**

**Child-Specific Issues**

- |  |   |
|--|---|
| <input type="checkbox"/> Age of child  | <input type="checkbox"/> Physical limitations   |
| <input type="checkbox"/> Gender of child   | <input type="checkbox"/> Hearing impaired/deaf  |
| <input type="checkbox"/> Aggressive/Violent/Unable to Control                      | <input type="checkbox"/> Vision impaired/blind  |
| <input type="checkbox"/> Fire-setting  | <input type="checkbox"/> Substance abuse  |
| <input type="checkbox"/> Running away  | <input type="checkbox"/> Child formerly treated in same facility and facility choosing not to approve subsequent admissions |
| <input type="checkbox"/> Sex offender/Sexually aggressive                          | <input type="checkbox"/> Facility not accepting child as voluntary admission  |
| <input type="checkbox"/> Mental retardation or borderline intellectual functioning | <input type="checkbox"/> Type of service needed not available (Specify in <b>Comments</b> box below.)                       |
| <input type="checkbox"/> Autism or other developmental disability                  |   |
| <input type="checkbox"/> Learning disability                                       |   |

**Funding Issues**

- |  |  |
|--|--|
| <input type="checkbox"/> No source of payment for residential educational services                 | <input type="checkbox"/> Cost of services too high   |
| <input type="checkbox"/> No guarantor for payment if Medicaid is denied and an appeal is denied    | <input type="checkbox"/> Child's insurance (Medicaid, FAMIS, CHAMPUS, private, other) not accepted by facility |
| <input type="checkbox"/> No agreement reached regarding facility's minimum required length of stay |  |

**Other Issues** *Write in any other issues that have not been listed.*

- ☐ Facility too far from child's home community
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**IV. Comments**

**FAX: (804) 786-0918 (preferred method of submission)**  
**or MAIL TO: DMHMRSAS, Office of Mental Health Services, Child & Adolescent Services**  
1220 Bank Street, P.O. Box 1797, Richmond, VA 23218-1797